Date



MEDICAL BOARD OF CALIFORNIA BOARD OF PODIATRIC MEDICINE 1420 HOWE AVENUE, SUITE 8 SACRAMENTO, CA 95825-3229



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CERTIFICATE OF ENDORSEMENT BY STATE LICENSING AGENCY

1. Name:	(last)	(first)	(middle	e)				
2. Address:	Nnumber and street/ri	ural route (includ	le apt. no., if any)					
City	State		Zip Code	Са	ountry			
3. Date of b	oirth: mm/dd/yy			4. State	e Licensing Ag	ency		
	MPLETED BY STA	ATE LICENS	SING AGENCY:					
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colony unac			Name of App	olicant			cense num	her
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